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Letter to the Editor

COVID-19 related suicide among hospital nurses; case study evidence from worldwide media reports

A B S T R A C T

Nurses are acknowledged for their care and expertise on the front line of pandemics over the last century. The recent global impact of COVID-19 has been unprecedented and a parallel battle has also been fought by increasing numbers of nurses for their workplace mental health. Factors associated with nurses mental stress and consequence of suicide were identified from a retrospective analysis of six non-representative media case-reports in high and low resource countries. The need for a structured model of nursing workforce mental health preparation, monitoring, support and health care is essential to inform advocacy and timely intervention in pandemic response.

Dear Editor,

The recent global pandemic of coronavirus disease 2019 (COVID-19) has realized emergent and urgent health care crises for more than 200 countries (Dong et al., 2020). The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected more than 9.96 million people (World Health Organization, 2020). Neither vaccine nor treatments are currently available although guidelines and preventive transmission methods have been identified. Scientists worldwide strive to control the exponential growth of SARS-CoV-2 viral infection. There are reports that approximately 90,000 healthcare workers have been infected and more than 260 nurses have died of SARS-CoV-2 infections. Repeated exposure to alarming reports of COVID-19 and crises among health care facilities can increase stress and for some nurses this has ultimately lead to suicide (Garfin et al., 2020).

The aim of this study is timely investigation of factors associated with COVID-19 related suicide among hospital nurses from case study evidence of worldwide media reports. Factors associated with nurses' mental stress and consequences of suicide were identified from a retrospective analysis of six non-representative media case-reports in high and low resource countries from March to June 2020. Inclusion criterion was English language.

The first case was in Italy, the source was World Socialist Web-Site News (31st March 2020). A 49 year old nurse (S.L.) had volunteered to work with patients on the newly converted COVID-19 ward at Jesolo Hospital. A few days before her death, she was suffering from fever and took a test for COVID-19. She lived alone and was waiting there for her test result. Suddenly, news spread over Venice that a nurse had jumped into the river due to fear of SARS-CoV-2 virus infection. However, the authority did not reveal her test result and the hospital Director expressed her deepest condolences to her staff.

The second case was in England, the source was Daily Mail News (25th March 2020). At King's College Hospital London on 23rd March, an unnamed nurse in her 20's was found unresponsive in the Intensive Care Unit, and could not be saved. There had been eight patients die recently in the unit from COVID-19, there was a critical shortage of intensive care beds and half the population of the United Kingdom had already been infected. Nurses and doctors were working at risk without the personal protective equipment recommended by the World Health Organization.

The third case was in Italy, also sourced at Daily Mail News the following day (26th March 2020). Daniela Trezzi, was a 34 year old Italian nurse, working in an Intensive Care Unit in San Gerardo Hospital located in the badly-affected Lombardy region in the country near Milan. She had been quarantined and was distressed by what she was seeing at the hospital. After being confirmed positive for COVID-19 on 10th March (2020), the National Federation of Italian Nurses expressed "pain and dismay" at her passing.

The fourth case was in the USA, sourced at Guardian News (20th May 2020). A 32 year old male nurse, William Coddington from South Florida took his own life following an overdose. He was concerned about rationing N95 masks to one per shift, a shortage of gowns, and the face masks were snapping. He had volunteered to work in the JFK Corona virus unit because he felt he was needed at the front-line but was becoming increasingly fearful and traumatized. He was starting to struggle with isolation and an opioid addiction and supported only by virtual support meetings. The day before he died, one fell off while he was intubating a patient and he felt 'things' splash on his face.

The fifth case, in Mexico, sourced by Yahoo News Australia (4th June 2020) involved Maria del Carmen Galeana. This young nurse committed suicide after a week in self-quarantine with four of her colleagues, enforced by her employer, Raymundo Abarca Alarcon General Hospital Chilpancingo, Guerra Mexico. This followed her complaint about a shortage of personal protective equipment and other medical equipment and she had tested positive for COVID-19.

The sixth case, in India was by Malayala Maworoma News (English) (2nd June 2020). On 28th May Bismi Scaria was found hanging in her room and died three days later. She took her life after she had tested positive to COVID-19 after working at Medanta Hospital Gurugram New Delhi, India.

During disaster nurses actively participate and at times some have lost their lives. COVID-19 has placed immense pressure on health systems across the globe, particularly on critical care services (Schwerdtle et al., 2020). While there is still much to understand about COVID-19, nurses in this case study know that they are at high risk of person-to-person transmission (Jackson et al., 2020) and may pass it on to their families. The mental stress of the potential for contagion, due to inadequate PPE is undoubtedly very high and complicated for some by workplace quarantine, thus placing nurses in positions of high

vulnerability. For others, working for hours continuously has pushed their limits. The burden of COVID-19 has resulted in failure of essential management systems that have resulted in devastating outcomes extending far beyond the COVID-19 disease related statistics (Schwerdtle et al., 2020) to culminate in harm to the nursing workforce through stress and suicide. There is a clear need for a structured model of nursing workforce mental health preparation, monitoring, support and health care, to inform advocacy and timely intervention in pandemic response.

In conclusion, health service managers are best placed to promote new models of care for staff which already work closely in effective teams, and can be fully supported in their roles and more readily identify stress among their peers. A fully structured and integrated model of nursing workforce mental health preparation and support for their role is recommended, including monitoring, support and health evaluation to maintain a healthy and productive workforce with full partnership in the multidisciplinary team. Further, adequate quantity and quality supplies of PPE, COVID-19 compliant work practices and infection control measures are required to harmonize and reduce the burden of further stress and suicidal ideation.

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